



JOB APPLICATION FORM

Please Print

| | | | |
|--|-----|--|-------------------------------|
| Name: First, M.I., Last | | | |
| Present Address/Number and Street | | | |
| City, State, Zip | | | |
| Home Phone () | | Cell Phone () | |
| Email Address | | Referred By/How did you hear about us? | |
| Position Desired | F/T | P/T | Minimum Hourly Rate Requested |
| Have you ever been employed by DSI? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If yes, state date: | | | |

EMPLOYMENT HISTORY

List present/most recent employer first. Please fill out completely even if you provide a resume.

| | | | | | | | | | | |
|--|--------------------------|----------|-----|--------------|----------------------|-----------|--|--|--|--|
| 1 | Present or Last Employer | | | City, State | | Telephone | | May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Start Date | | End Date | | Starting Pay | | Final Pay | | Reason for Leaving | | |
| If no, why? | | | | | | | | | | |
| Job Title | | | F/T | P/T | Immediate Supervisor | | | Supervisors Title | | |
| Description of Work Responsibilities | | | | | | | | | | |
| | | | | | | | | | | |
| 2 | Next Employer | | | City, State | | Telephone | | May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Start Date | | End Date | | Starting Pay | | Final Pay | | Reason for Leaving | | |
| If no, why? | | | | | | | | | | |
| Job Title | | | F/T | P/T | Immediate Supervisor | | | Supervisors Title | | |
| Description of Work Responsibilities | | | | | | | | | | |
| | | | | | | | | | | |
| 3 | Next Employer | | | City, State | | Telephone | | May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Start Date | | End Date | | Starting Pay | | Final Pay | | Reason for Leaving | | |
| If no, why? | | | | | | | | | | |
| Job Title | | | F/T | P/T | Immediate Supervisor | | | Supervisors Title | | |
| Description of Work Responsibilities | | | | | | | | | | |
| | | | | | | | | | | |
| Please explain any gaps in employment _____ | | | | | | | | | | |
| Please list any additional skills or work experience relevant to the position for which you are applying _____ | | | | | | | | | | |

| EDUCATION | | | | |
|---|-------------|---------------------|-------------------|-----------------|
| Name of School | City, State | No. Years Completed | Did You Graduate? | Major Subject |
| High School | | | | |
| If under 18 years of age, can you submit a work permit after an offer of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Jr. College, College or University | | | | Major or Degree |
| Graduate or Technical Schools | | | | |
| Additional Training, Skills, Special Achievements, Certificates or Honors Relevant to Position Applied For | | | | |

| ADDITIONAL INFORMATION | | |
|---|--------------|---|
| If hired, can you provide proof of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No (Note: Documentation verifying your legal right to work will be required if you are hired.) | | |
| Name of Whom to Contact In An Emergency | Relationship | Telephone (Must be different then applicants) |
| | | () |
| I hereby certify that I understand and agree that an offer of employment with DSI may be contingent upon successful completion of a urinalysis for drug and alcohol use. Date: _____ Signature: _____ | | |
| Have you ever been convicted of: A felony? <input type="checkbox"/> Yes <input type="checkbox"/> No A misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| **Driving Under the Influence (DUI) convictions are criminal offenses and should be considered in your response.** | | |
| Are you currently out on bail or on your own recognizance for an arrest pending trial which could lead to conviction? <input type="checkbox"/> Yes <input type="checkbox"/> No (A "yes" answer is not necessarily a bar to employment – all circumstances will be considered.) If yes to either question, give details and dates: _____ | | |

Do you have a valid driver's license? Or a state identification card?
Number: _____ State _____

Are you available for overtime work? Weekdays Yes No Weekends: Yes No

| BUSINESS REFERENCES | | | | |
|---------------------|-------------|------------|-------------|-----------|
| NAME | City, State | Occupation | Years Known | Telephone |
| | | | | () |
| | | | | () |
| | | | | () |

Please read the following and sign your name below:
I hereby certify that the answers given by me to the foregoing questions and statements are true and correct without material omissions of any kind. I agree that DSI subsidiary organizations and affiliates (herein after referred to as the "Company") may conduct an investigation, either prior to or at any time after my employment. Concerning the above information as well as regarding my character, general reputation, personal characteristics and mode of living – with the understanding that upon my written request additional information about the nature and scope of any such investigative report will be provided me. To this end, I authorize any company, corporation, former employer, credit agency, educational institution, law enforcement agency or person to give to the Company any information that they may have regarding me., whether or not it is a matter or record, and I specifically release any such aforementioned entity from all liability for any damages whatsoever for providing this information. I realize this information may be obtained through personal interviews with neighbors, friends, or others whom I am acquainted. I understand and agree that should such investigation reveal that I have made any false statements or omitted material facts in this form, I will be subject to rejection as an applicant or dismissal from employment. In consideration of my employment, I agree to conform to the rules and regulations of the Company. I specifically understand and acknowledge that my employment and compensation can be terminated, without cause, and without notice, at any time, at the option of either the company or myself. I understand that no supervisor, manager, or representatives of the Company, other than the President of the Company, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. Any agreement of any kind pertaining to my employment must be in writing.
Important: In the event there is any dispute arising out of the following: unlawful discrimination or harassment; or termination of your employment with the Company, which the parties are unable to resolve through direct discussion or mediation, regardless of the kind or type of dispute, you and DSI agree to submit all such disputes exclusively to final and binding arbitration pursuant to the provisions of the Federal Arbitration Act, or if inapplicable, the provisions of applicable state laws, or any successor or replacement statutes, upon request submitted in writing to the Human Resources Department within applicable arising out of any dispute that was subject to arbitration. The limitations period set forth in this paragraph shall not be subject to tolling, equitable or otherwise.

Signature: _____ Date: _____